



I AM DEAF OR HARD OF HEARING
I MAY NOT BE ABLE TO HEAR YOU

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I MAY NOT BE ABLE TO HEAR YOU

I AM DEAF OR HARD OF HEARING
I MAY NOT BE ABLE TO HEAR YOU

TO GET MY ATTENTION
YOU MAY WAVE OR TAP MY SHOULDER THEN
WAIT FOR ME TO ACKNOWLEDGE YOU

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YOU MAY WAVE OR TAP MY SHOULDER THEN
WAIT FOR ME TO ACKNOWLEDGE YOU

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YOU MAY WAVE OR TAP MY SHOULDER THEN
WAIT FOR ME TO ACKNOWLEDGE YOU

I REQUIRE ALTERNATIVE COMMUNICATION
THANK YOU FOR YOUR PATIENCE

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THANK YOU FOR YOUR PATIENCE

I MAY BE IN DISTRESS

I MAY BE IN DISTRESS

I MAY BE IN DISTRESS

LET ME KNOW IF YOU LEAVE

LET ME KNOW IF YOU LEAVE

LET ME KNOW IF YOU LEAVE

**THE FOLLOWING OPTIONS CAN HELP US
COMMUNICATE TOGETHER**

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COMMUNICATE TOGETHER**

**THE FOLLOWING OPTIONS CAN HELP US
COMMUNICATE TOGETHER**

- SIGN LANGUAGE / ASL INTERPRETER
- PENCIL / PAPER
- TYPING VIA PHONE
- COMMUNICATION BOARDS
- _____

- SIGN LANGUAGE / ASL INTERPRETER
- PENCIL / PAPER
- TYPING VIA PHONE
- COMMUNICATION BOARDS
- _____

- SIGN LANGUAGE / ASL INTERPRETER
- PENCIL / PAPER
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- COMMUNICATION BOARDS
- _____

ARE WE ABLE TO USE ANY OF THOSE OPTIONS?

ARE WE ABLE TO USE ANY OF THOSE OPTIONS?

ARE WE ABLE TO USE ANY OF THOSE OPTIONS?



YES



No



YES



No



YES



No

EMERGENCY CONTACTS

Name Phone Number

Name Phone Number

LAWYER

Name/Firm Phone Number

MEDICAL CONDITIONS / ALLERGY

•

•

URGENT MEDICATIONS

•

•

LINES FOR WRITING

EMERGENCY CONTACTS

Name Phone Number

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ENGLISH IS NOT MY PRIMARY LANGUAGE

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ENGLISH IS NOT MY PRIMARY LANGUAGE

TO GET MY ATTENTION

TO GET MY ATTENTION

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COMMUNICATE TOGETHER**

- LANGUAGE: _____
- SIGN LANGUAGE / ASL INTERPRETER _____
- WRITING / TYPING _____
- TRANSLATION APP TO WRITE IN MY LANGUAGE _____
- COMMUNICATION BOARDS _____
- _____

- LANGUAGE: _____
- SIGN LANGUAGE / ASL INTERPRETER _____
- WRITING / TYPING _____
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- _____

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YES

No



YES

No



YES

No

EMERGENCY CONTACTS

Name Phone Number

Name Phone Number

LAWYER

Name/Firm Phone Number

MEDICAL CONDITIONS / ALLERGY

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MEDICAL CONDITIONS / ALLERGY

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